GP / 3731/H

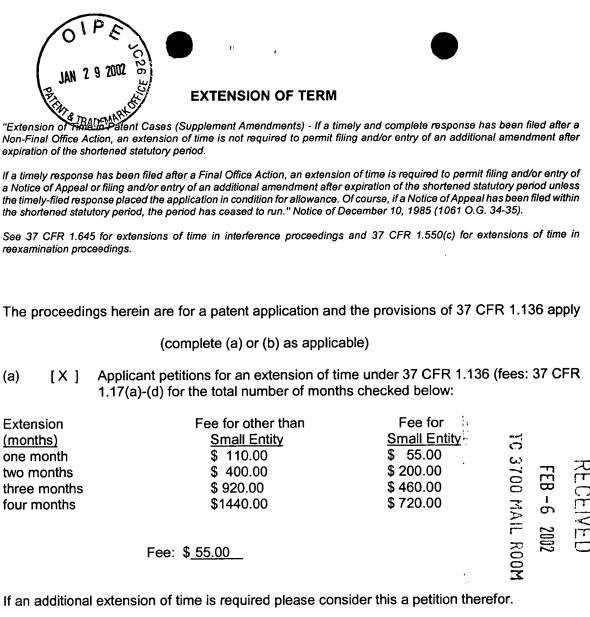
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application	of: Reiley et al.	OIPE	Group No.: 3731
Serial No.:	09/421,635	JAN 2 9 2002 8	Examiner: W. Lewis
Filed:	10/19/1999		
For:	Hand-Held Ir	nstruments that Access Interior Bo	ody Regions
Commissioner Washington, D.	of Patents and Tra C. 20231	demarks	
	· A	MENDMENT TRANSMITTAL	
1. Transmit	tted herewith is an a	mendment for this application.	
			ı. I
		STATUS	₹ .
2. Applican	t is		KECEIVED FEB-6 2002 TC 3700 MAIL ROOM
[X] a	a small entity - verific	ed statement:	RECEIVEL FEB -6 2002 700 MAIL RC
[] attached.		VED 2002 L RO
[X] already filed.		MO
[]	other than a small er	ntity.	
	<u>CE</u>	RTIFICATE OF MAILING (37 CFR 1.8(a))	
Service on the date s	is paper (along with any re hown below with sufficient shington, D.C. 20231.	ferred to as being attached or enclosed) is b postage as first class mail in an envelope a	being deposited with the United State Postal addressed to the: Commissioner of Patents
		Julie A. Wolf Type or print name	of person mailing paper
Date: 21 January 20	002	Signature of person	

FEE FOR CLAIMS

(Col. 1) SMALL ENTI	ΤΥ	(Co	1. 2)	(Col. 3)	SMALL	ENTITY		OTHER '	THAN
CLAIMS REMAINING AFTER AMENDMEN	r 	PRI	HEST NO EVIOUSLY D FOR		RATE	ADDL. FEE	OR	RATE	ADDL. FEE
TOTAL *	45	minus *	* 16 =	29	x 9=	\$ 261.00		x 18 =	\$ <
INDEP.*	3	minus **	3 =	0	x42 =	\$ 0.00		x 84 =	\$ <
[] FIRST PI	RESENTA	TION OF N	MULTIPLE	DEP. CLAIM	0+\$140	= \$ 0.00		+\$280 =	\$ <
* (f 1)	ne entry in	Col 1 is le	ss than en	TOTAL ADDIT		\$261.00	TOTA	L ADDIT FE	E \$
** If t *** If th The	he "Highe ne "Highes e "Highest endment o "After fii	st No. Previ No. Previo No. Previo or the numb mal rejection which has t	riously Paid ously Paid F oer of clain or action been made	try in Col. 2, write "0" d for" IN THIS SPACE For" IN THIS SPACE For" (Total or indep.) is ns originally filed.	in Col. 3. is less than 3 is less than 3 is the highest r s may be mad (emphasis ad	20, enter "20, enter "3". By the concelling and th	o". Ind in the	appropriate	box in Col. 1 of a prio
** If the state of	he "Highe ne "Highest e "Highest endment o "After fin of form	st No. Previ No. Previo No. Previo or the numb mal rejection which has t	riously Paid ously Paid F oer of clain or action been made	try in Col. 2, write "0" of for" IN THIS SPACE For" IN THIS SPACE For" (Total or indep.) is originally filed. (S 1.113) amendment of the complete of the comp	in Col. 3. is less than 3 is less than 3 is the highest r s may be mad (emphasis ad	20, enter "20, enter "3". By the concelling and th	o". Ind in the	appropriate	box in Col. 1 of a prio
** If the state of	he "Highe ne "Highest e "Highest endment o "After fin of form	st No. Previons No. Previon No. Previon the number of the	riously Paid ously Paid usly Paid for claim or action to been made	try in Col. 2, write "0" of for" IN THIS SPACE For" IN THIS SPACE For" (Total or indep.) is originally filed. (S 1.113) amendment of the complete of the comp	in Col. 3. is less than 2 is less than 3 is the highest r is may be mad (emphasis ad (c) or (d) a equired. OR	20, enter "20, enter "3". By the concelling and th	o". Ind in the	appropriate	box in Col. 1 of a prio
** If the same warning:	he "Highes ne "Highest e "Highest endment o "After fin of form	st No. Previons No. Previon No. Previon the number of the	riously Paid ously Paid usly Paid for claim or action to been made	try in Col. 2, write "0" If for" IN THIS SPACE For" IN THIS SPACE For" (Total or indep.) is as originally filed. (S 1.113) amendment is." 37 CFR S 1.116(a) (complete in the complete in the	in Col. 3. is less than 2 is less than 3 is the highest r is may be mad (emphasis ad (c) or (d) a equired. OR	20, enter "20, enter "3". number four de cancelling ded).	o". Ind in the	appropriate	box in Col. 1 of a prio
** If the same warning:	he "Highes ne "Highest e "Highest endment o "After fin of form	st No. Previons No. Previon No. Previon reperties the number of the numb	riously Paid ously Paid usly Paid Paid In or action of the made ditional f	try in Col. 2, write "0" If for" IN THIS SPACE For" IN THIS SPACE For" (Total or indep.) is as originally filed. (S 1.113) amendment is." 37 CFR S 1.116(a) (complete in the complete in the	in Col. 3. is less than 2 is less than 3 is the highest r is may be mad (emphasis ad (c) or (d) a equired. OR equired \$	20, enter "20, enter "3". number four de cancelling ded).	o". Ind in the	appropriate	E \$ box in Col. 1 of a prio



NOTE:

NOTE:

3.

(a)

(check and complete the next item, if applicable)

[]	An extension for therefor of \$ of extension now req					
	Extension fee due with this request: \$					
		OR				
(b)		elieves that no extension of term is required. However, the stition is being made to provide for the possibility that applicant has				

inadvertently overlooked the need for a petition for extension of time.

FEE DEFICIENCY

NOTE:

If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

6. [x] If any additional extension and/or fee is required, charge Account No. <u>06-2360</u>.

AND/OR

[x] If any additional fee for claims is required charge Account Not 0

06-2360.

Reg. No.: 29,243

Tel. No.: (262) 783 - 1300

Daniel D. Ryan

SIGN

TYPE OR PRINT NAME OF ATTORNEY

RYAN KROMHOLZ & MANION, S.C.

P.O. ADDRESS
Post Office Box 26618

Milwaukee, Wisconsin 53226-0618